

The old Lunatic-room of the Historical
Medical-Pharmaceutical Museum in the
Municipal Museum of Amsterdam.

This museum which has only an historical, the Germans would say a social-historical signification, owes its existence to a hint of H. M. the Queen-Mother. After having paid in 1899 a long visit to the Historical-Medical exhibition, organized at Arnhem by the Dutch physicians, in which H. M. took great interest, H. M. intimated that it was a pity that a similar permanent institution could not be founded, as so many things were exhibited which had hitherto been entirely unknown to Her. And when H. M.'s hint had taken the form of a wish, I set to work.

Three years afterwards H. M. the Queen and H. R. H. the Prince of the Netherlands were the first to visit the Museum, and expressed Their great satisfaction with what they had seen, and a few months later H. M. the Queen-Mother corroborated this assertion.

Each of the rooms is entirely complete in itself, and the separate rooms offer a great diversity. In reality the old Lunatic-room is the most interesting, because it offers to non-medical visitors an opportunity of getting acquainted with situations entirely unknown

to them. The room of the old Amsterdam Infirmary (called the Buitengasthuis) was simply demolished, (as can be seen from the old Window and the thick walls, ill. A.) and rebuilt on a smaller scale, furnished with what it contained in former times.

People may have heard now and then that our unhappy brain-sick fellow-creatures are now-a-days much better nursed than in former times, but they cannot tell what improvements have in reality been introduced. It is known that in former times lunatics were shut up in an establishment called Madhouse, and are now placed in a Lunatic-asylum or a Sanatory for lunatics, and that, at present, as well as formerly, they have lost their liberty, but are treated in our days with much greater charity than of old. Only the very oldest of the present generation have some vague recollections of the subject, for nobody, unless he be a medical man, has seen anything of is. What they know about it, they only know by hear-say, and as the tales usually made the blood curdle of most of them, they did not feel inclined to enter into further particulars. It is however our task to do so.

Formerly the lunatic was not looked upon as a patient but as a wretch, who was punished either by Providence or by the devil (according to the religious opinions of the speaker) for crimes of different nature, committed either by himself, or by his parents. Consequently such a creature deserved no pity but only contempt. If he happened to be a member of the family, people were ashamed of him, for he dishonoured the family's reputation, and they tried their best to shuffle him off, hoping that he might be forgotten or, what was still more agreeable to his surviving relations, that he might die as soon as possible. Where such ideas were prevalent, we need hardly discuss a stranger's feelings over against a lunatic. Yet in very ancient times we find traces of a certain treatment of lunatics, for it cannot be denied that lunatics were admitted in Egypt to

the temples of Isis, in Greece to those of Asklepios, that they were received there according to the notions, prevailing in those times, and afterwards, according to the precepts of HIPPOCRATES and GALENOS, were treated somewhat on an equal footing with other suffering fellow-creatures. We cannot point out, with certainty, how long this lasted, but in the middle ages the custom did no longer exist. At that time the barbarian period, that is adopted in the history of the nursing of the insane, and lasted till the middle of the nineteenth century, had begun. England deserves the honour of having made the first attempts to improve upon this sad state of affairs. As early as 1537 in London a house was arranged for nursing 50 lunatics. Yet strong suspicions exist, that even there the troublesome patients amongst them were done away with as criminals or bewitched persons, nobody taking any notice of the fate of these unfortunate; these houses being as a rule the property of private persons, or philanthropical institutions, and nobody being entitled to control what occurred within their walls. Therefore some lunatics, at the request of their relations, were admitted to monasteries, and others, especially the most dangerous, were simply shut up in common prisons and ill-treated there in a beastly manner, i. e. they were locked up in dark cells, sometimes riveted to the walls with heavy chains, and if they proved too troublesome — if they were not even to be quieted by blows — they were starved to death, or killed in some way or other.

These facts of course could not remain concealed, and an English philanthropist, WILLIAM TUKE, who lived from 1732—1820, was informed of them. As President of the „Society of Friends” he undertook the initiative to erect a lunatic asylum, that was to be superintended by the above-mentioned „Society of Friends”, and for which he succeeded in carrying on an active propaganda. This institution was to distinguish itself from all other, already existing asy-

lums (since 1675 several lunatic asylums had been founded in England), by the fact, that it should not be ruled in accordance with the generally adopted opinion, that the insane could only be treated, i.e. made harmless, by forcible means of the roughest nature. Such an insane being was as unsusceptible of reason as a wild beast and almost as dangerous: personal safety, self-preservation consequently compelled people to have recourse to such rigorous measures in order to prevent accidents. This conception was embodied in a systematic application of all sorts of restrictive instruments, which were called in England „*the mechanical restraint*”, and had been freely used for a long period of years.

We need not be astonished that very soon the philanthropist TUKE's endeavours were strongly opposed by his antagonists. Indeed not before 1815 the old convictions may be said to have given way to more charitable opinions. In that year the way in which lunatics were treated, was brought before the House of Commons, in consequence of the disclosure of some outrages in the large Bethlehem-Hospital in London, which, as I observed before, dated from 1537, and was certainly fully impregnated with the leaven of the Middle-Ages. More than twenty years should elapse before psychiaters resolved to abolish the „*mechanical restraint*”, which according to every Englishman's idea was indispensable in a well regulated society.

And what in reality did this *restraint* consist in?

1^o In the *Cell* (ill. I) It is 2.60 M. high and measures 1.65 M. by 1.85 M. The door, that gives admittance to this entirely unfurnished room, is fastened by a lock and master-key, and moreover provided with three heavy iron bolts and an iron bar, whilst in the centre a little pigeon-hole, shut with a thick iron sliding valve, offers an opportunity to speak with the patient, and to decide whether his condition is such as to allow him to return to his usual room. There is however still another means of ascertaining this. In

the ceiling of the cell, or the floor of the gallery over the cell, is a large iron-trellissed opening, admitting light and fresh air into the cell, and serving likewise to watch the patient, without being seen, and to observe if he has quieted himself, and if the attack of unrest has given way.

This cell has the great disadvantage that is always very troublesome to make the patient enter it. It is now-a-days replaced by the *Isolating-room*, a sick-room for one patient only, where the maniac is isolated, when strictly required, and sometimes shut up, but only on medical advice. Though in our days the free-nursing, the open-door-system, is being more and more recommended, the nursing of lunatics requires every now and then the use of the *Isolating-room*. The Governmental Inspector of Lunatics and Lunatic-asylums DR. VAN DEVENTER is consequently right, when in his „Handbook for nursing the Insane” he makes a difference between the *Isolating-room* and the *Isolating-cell*. In this work the latter is described as „an isolating-room in which the patient is nursed against his will”, whilst the former is called „a room in which the patient must be nursed separately, when he is troublesome for those who surround him, or his being nursed in a room together with other patients, must be objected to for other reasons, if f.i. the presence of other patients proves to influence unfavourably on him”.

20. The *Lid-bed* (ill. II *a* and *b*) which is still used and of much more practical application than the cell. It consists of a bed of large lath-work, entirely quilted, with a semi-circular lid, constructed in the same manner, which can be shut in three places through strong iron hooks and eyes with iron pins. This bed is chiefly destined for epileptics, or sufferers from paroxysms, returning at more or less regular intervals, or usually announcing themselves beforehand.

If such a patient has, from his admission to the asylum, consequently slept in this bed, with open lid, he has of course not the

least objection to make use of it. He may have told that formerly, during attacks of paroxysm, he has fallen down and broken his head or excoriated his elbows and heels, by the convulsive motions of his muscles, accompanying the attack. If now the nurse perceives, and this will as a rule be the case, that an attack is to be apprehended, he advises the patient to go to bed, to prevent his head, elbows, and heels being bruised, and the patient can in most cases easily be prevailed upon to go to bed, of his own accord. As soon as the nurse perceives his patient's consciousness gradually to diminish, he has sufficient opportunity to shut the lid and fasten it with the iron pins. Now the patient is lying in an entirely quilted trunk, admitting light and fresh air in great quantity, can by no possibility hurt either himself or others, and no trouble whatever, no strong arm was required to bring him there, for he lay down in it of his own free will. What has remained from the "*restraint*" by this method may certainly be called most humane, and this instrument is at present applied in several institutions and, in this way only, the "*restraint*" is made use of. My further information on this head, and the illustrations given are of no practical use whatever, and they are only preserved, because they are highly interesting from an historical standpoint.

For what is the case? When, as I have demonstrated, the „mechanical restraint" had been abolished in England (in so far as it could be spared) a feeling of shame of having used it as late as the middle of the former century, led to purposely destroying whatever remained of it. According to some physicians this was done in order to escape the reproach of having had recourse to these instruments very recently; according to others, for fear that the nurses, in a difficult moment, might still make use of them. But enough, they have been destroyed, neither are any remains of them to be found in our country. For that very reason I was anxious to preserve

what I could gather, in order to show posterity the instruments, used in former days, in nursing the poor insane, for want of better knowledge. For no cruelty prevailed at all, but the physicians supposed they could not be done away with, and were convinced that this method was the only practical way of treatment.

For when PH. PINEL (1755—1826), physician of the lunatic-asylums of Bicêtre, and some time afterwards of the Salpêtrière in Paris, insisted, towards the end of the eighteenth century, on applying more humane principles in the treatment of lunatics, and when, according to tradition, accompanied by a member of the Convention, he released the insane from the prisons, where they had been shut up together with all sorts of jail-birds and criminals, and received them in a private hospital for medical treatment, he was laughed at, and obstructed by the most respectable members of the medical faculty in France. This is clearly shown by the fact that the meritorious professor of the *École de Médecine* of Paris, who, during a period of over 25 years, had displayed his great talents as such, was not reëlected in 1822 at the reorganization of the medical faculty, most likely as some doubts had been raised about his responsibility. Such novelties were but ill received at that time, though the good results of his system were manifold, but his contemporaries refused to see and acknowledge them, from sheer attachment to old opinions, which were done homage to as to dogmata.

And when a few years after PINEL's death, in 1826, JOHN CONOLLY (1794—1867) did the same in England, in the *Middlesex Asylum* at Hanwell near London, by setting on foot with iron perseverance a movement to introduce the *No-restraint*-system into all the lunatic asylums of his country, and to abolish the "*mechanical restraint*" in the treatment of the insane, he experienced a similar opposition from the side of the conservative party, against whom TUKE had first girt on the sword more than half a century before. But

CONOLLY trod on the way, already partly smoothed by TUKE, and his strenuous coadjutors were G. HILL and CH. WORTH, and so he succeeded in introducing his *no-restraint* system into England, after having struggled for it, with the courage of a firm conviction, and unequalled perseverance against an obstinate opposition. He had the satisfaction of being able to assert in 1856, that in 24 great English lunatic-asylums, with over 10.000 patients, *the restraint* was not to be found.

I am proud to mention among the first followers of CONOLLY likewise our compatriot Dr. B. H. EVERTS (1810—1883), who from 1849—1874 was Medical Director of Meerenberg, and contrived at the first reconstruction of the establishment in 1852 to have everything arranged in such a way, that he could apply the *no-restraint* system to its full extent, and consequently acquired for Holland the honour of possessing the first lunatic asylum on the continent *without mechanical restraint*. Consequently nobody will contest the fact that in the capital of the Netherlands the remains of the *restraint* are in their proper place, and that on a Dutchman devolves the task of giving the first description of them. The more so as I give you in the first place the description of a specific Dutch specimen.

30. The so-called *Rolling-coach* (ill. III a. and b.).

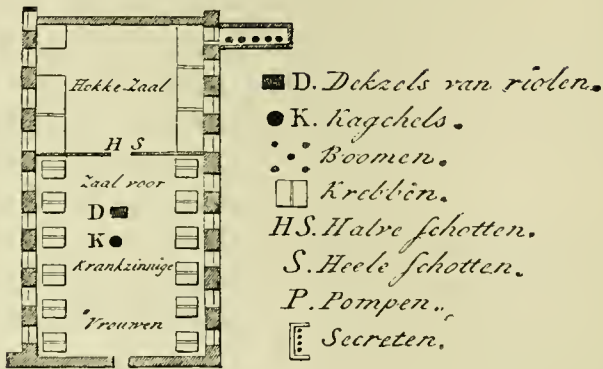
It is an entirely timbered wooden bed-stead on wheels with a latticed roof. The two doors on one side, giving admittance to the sleeping-opportunity, that has no special distinctions whatever, are locked, when the patient has been placed into it, with two bolts, a lock with a master-key and a heavy iron bar. The troublesome patient clapped into a strait waist coat was placed into this bed and then removed to the garden to take the air, and to be exposed to view on Sundays and especially at the fair time. Our celebrated historian JAN TER GOUW tells us in *De Oude Tijd*, 1870, page 33—35,

that visiting the madhouse constituted one of the great attractions of the fair, and continues in this way: „An attractive spectacle! Especially the dangerous lunatics or madmen, furious at being bereft of their liberty, writhing themselves against the iron bars of their cages, infuriated by seeing those merry visitors, who are not satisfied with being only silent spectators, but perhaps even irritate the unfortunate. And why should not they? The public are convinced, that is the devil, who lives in those poor creatures, and would not it be a meritorious work to tease that evil spirit”.

That, likewise in England, it was considered good fun to visit the insane in their detestable dens, is certainly best proved by the annexed engraving of the great HOGARTH, which for this reason we have reproduced here opposite to the title.

4°. The *Cell or bed-stead without bedding*, (ill. IV), the lying-place of which, entirely covered with lead, consists of two inclined planes, meeting till within a hand's breadth's distance, so that a sort of gutter is formed, the bottom of which is perforated. This sleeping-apparatus was destined for the unclean patients. It was not cold, not subject to oxydation, easily to be cleaned by one jet of water, which had moreover the advantage, that, at the same time, the patient, who was usually naked, was washed and purified. For reasons easily to be understood, no bedding was procured, and most likely at night some old rags were given to the unfortunate sufferer to cover himself with; perhaps this was even every now and then forgotten. The water, that was thrown or spouted into it, easily found its way under the door towards the tiled floor of the room, likewise consisting of two inclined planes, and having, like a stable, a wide gutter debouching in the middle of the room into the sewer, quite close to the stove. Both are indicated at foot, on the flooring of the room, represented in WAGENAAR's History of Amsterdam, by the letters K (Kachel = stove) and D (Deksel = cover), and

afford a splendid illustration of the hygiene in the 18th and the first half of the 19th century.



5^o. The *strait-costume with mask* (ill. V a. and b.) The strait-costume, made of a very strong woollen stuff, consists of a smock frock, fastened behind, provided with sleeves, woven up at the extremities, that were made of a double layer, and filled up at the back of the hand with straw and saw-dust to prevent the wearer from inflicting painful blows with the clenched fists. At the pulses we find a strap with ring and chain, passing through leather strips, that are applied on the sleeve. This strap is fastened with a buckle to the back of the sleeve. Similar strips are likewise on the upper-part of the trousers, the leggings of which are affixed to thick leather soles, in such a way, that through these strips a strap may be run, uniting smock-frock and trousers, thus forming a sort of children's night-gown. This strap likewise passes through the pulse-rings in order to reduce the movements of the hands to a minimum. If now this pulse-ring is run through one of the strips on the back of the trousers, the arm is drawn entirely backward, and the movements of the hands are all but prevented, as it is seen in ill VI. Nothing remained to the patients dressed in this way to wreak their anger than spitting or biting, consequently the *restraint* provided for it by a special mask that

was placed on the sufferer's head. For this mask the Museum has to thank the benevolence of the municipality of Delft, who keep another specimen in the St. Joris hospital for lunatics; these are the two only specimens existing to my knowledge. It may be best compared to the twisted pails, used now a days in the kitchens, to evacuate the superfluous water from the salad, after it has been cleaned, by moving them to and fro. The large flat neck-plate serves of course to prevent the patient from removing the neck-strap.

6^o. The *Muff*. As the perpendicular position of the arms was very disagreeable and consequently irritating to some patients, another instrument had been constructed, that served the same purpose, i. e. to render the use of the fists impossible. It consisted in the so-called *Muff*, a broad leather belt, to which leather gloves without fingers were attached. The hands were thrust into the gloves, whilst two straps, fastened with buckles round the pulses, prevented the patients from withdrawing their hands, and rendered every movement of the hands impossible, as is shown in ill. VI.

7^o. The *Strait-waistcoat*. A linen smock-frock, fastened behind, with sown-up sleeves, the netherparts of which are knotted up, whilst the fan-shaped extremities contain three holes, through which a strong rope runs, with which the sleeves, crossed behind over each other, can be tied on the back, as is clearly shown in ill. VII a and b. This waist-coat served of course the same purpose as the muff, but by its construction allowed a somewhat milder application.

8^o. By the *Nursery-chair* (ill. VIII). This piece of furniture, that reminds us completely of an old-fashioned nursery-chair, served to provide unclean troublesome patients at once, for the whole day, with all they wanted, and then to leave them to themselves. The bottom is supplied with a chamber-pot, the feet rest on a plate, in winter heated by a chafing-dish with fire in it, and when the door is shut the poor wretches have a table before them, on which their

food is placed, or some play-thing, they can occupy themselves with, for they can freely move their arms. To prevent their standing up in the chair, they are tied to the bench with a strap round their waist, the extremities of which are run through the two holes in the back of the chair and fastened with a lock.

9^o. This *Strap*, together with the lock, is represented in the centre of ill. IX. Next to it we find, to the left, affixed to a chain, two lined hand-cuffs, and, to the right, two foot-cuffs without lining. Between these are two other hand-cuffs, made of broad leather ribbands, fastened with buckles, to which a strap is attached, by which they can be drawn together. This apparatus served to restrain the patient, when the nurse took a walk with him in the garden, and reminds us of the chord, fastened to the dog's collar, when his master goes out with him.

The two *brass High Boots* seen from aside cannot properly be said to belong to the *restraint*. They are the two cupping-boots, invented by the French physician V. TH. JUNOD (1809—1876) and were used for the „hemospasion” i. e. the blood-abducing method introduced by him, the purpose of which was to diminish the congestion of blood to the organs in the upper regions of the body and consequently to the brain, by transposition of the blood. This abducing method, frequently applied in lunatic asylums, for which purpose likewise evacuation of blood, purgatives, vomits (emetics) and scanty nourishment were made use of, was still in vogue in the first half of the 19th century, to the great terror of the patients, whose legs were shut into these apparently frightful, but in reality rather innocent, shining brass tubes, and had to remain in them for a couple of hours, till the excitement began to subside.

These boots have been offered to the Museum by the present director of the asylum Meerenberg, who was rightly convinced, that they were better in their place in a museum than in his asylum

where of course they had not been made use of these fifty years.

And so I have come to the end of the description of the different instruments forming together the system of preventative means in the treatment of lunatics: the so called „*mechanical restraint*”.

I flatter myself that many a reader of this paper will have learnt from it particulars, hitherto unknown to him, that he will be fully persuaded, how men as TUKE, CONOLLY, PINEL, and, in our country B. H. EVERTS, have deserved well of society, by their persevering attempts to put an end to situations, that were for centuries a shame and dishonour to humanity in the greater part of the civilized world. Not before people had become convinced of the fact, that the brains are as liable to diseases as the liver and the kidneys, without any fault of our own, it was possible to come to this improvement. And yet we may not be hard upon our ancestors, who advocated the „*restraint*” with all the strength of their conviction.

Now-a-days when brain pathology and surgery are having their hey-day, as a result of the incredible progress of medical science in this respect, not even a single psychiatrist can, in some cases, do without some means of rendering his patients for a time harmless, both for themselves and for those who surround them, though their forms and names may be less frightful than in former times; the chief thing, the isolation, remains sometimes indispensably necessary, both in the interest of the patient himself as in that of those who nurse him. Everything in this respect has assumed a different look altogether. There is no longer question of cruelty, of a sort of punishment, as was formerly the case. No more will anybody accuse the surgeon of inhumanity, if he removes an incurable sick eye or a cancerous tumour, and mutilates his patient in order to lengthen his life, be it only for a couple of months. Now-a-days everything is founded on scientific considerations; formerly popular belief lay at the bottom of what was done.

This is the progress we may rejoice in at present. Therefore I thought the plan of giving non-medical people better information a good one, the more so, as, on this head, still many false notions are prevalent, which are only confirmed by ignorance, and indeed should be rooted up for ever. It is good to know, that the great number of unfortunate beings, that must be banished from society, are treated in our days with no less care and charity than other sufferers.

APPENDIX.

In the last days the museum has been enriched with a chair of very beautiful workmanship, which I should like to call the *Strap-or-bed-chair*. It was doubtless destined for a sufferer, richly endowed with worldly goods, who will certainly have spent the last years of his life in it. It is covered with costly leather, and consists of a strongly built arm-chair with ear-cushions, a high back and a stretcher for the legs, the two latter parts are movable by cogwheels applied in the high elbows. The bottom, consisting of two leather-covered plates, contains in the netherpart a large tin chamber-pot, which can be removed by means of a valve in the back of the chair. One should feel inclined to call this chair a most practical nursing-chair, but for the leather straps applied to it at the innerside, that make it look very little like such a useful instrument. They are no less than ten in number, and form together a complex of refined cruelty, for they absolutely impede any movement to the poor patient, placed in it. Beginning from the top we find first a broad strap, running across the chest, and pressing the upperpart of the body against the back of the chair. Then a strap of equal breadth, passing over the belly, prevents nearly any movement of the

lower part of the body. The upper-arm is pressed with another strap against the top of the back of the chair, and the fore-arm is fastened by a strap, running round the pulse at the front-part of the elbow of the chair; consequently the patient is wing-clipped in the strickest sense of the word. But this is not all. The least movement of the legs is henceforward denied to the wretch. Both the upper-legs are fastened as strongly as possible to the side of the stretcher for the legs, and so are his ankles in a lower part of this plank. He is consequently fettered from head to toes during the whole day, until.... Were it but true! Had he perhaps at night been able to move freely in a cell, may hap like a swine wallow in the dirt to his heart's content? No he was certainly not happy enough to do so. The mechanism of the chair clearly proves, that it could most likely be also used as a sleeping opportunity. If the back of the chair was lowered, and the leg-stretcher raised, they formed with the central part a first rate couch with standing up sides. It was only required to place a pillow on the upper-part of the back of the chair and say: "good night!" to the wretch who occupied it.

Such a chair was ordered by a rich man, was consequently destined for a rich man, he was certainly nursed (ill-treated) in it!! Reader, you see, this was called the "*Restraint*". The masterpiece of technical construction, just described, forms a worthy part of the "*Mechanical Restraint*". And it was still used in the middle of the last century. One feels ashamed to confess it. Horribile dictu!

AMSTERDAM, August 1907.



Fig. A.



Fig. I.



Fig. IIa.



Fig. IIb.



Fig. IIIb.



Fig. IIIa.



Fig. IV.



Fig. Va.

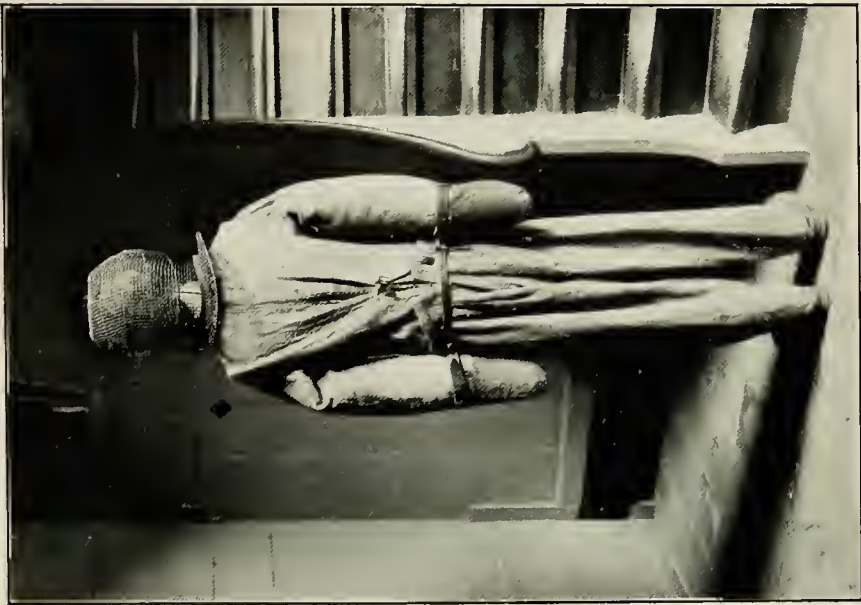


Fig. Vb.



Fig. VI.



Fig. VIIa.



Fig. VIIb.



Fig. VIII.



Fig. IX.



Fig. X.

